

FACSIMILE TRANSMITTAL SHEET

38525 WOODWARD AVENUE, SUITE 2000 BLOOMFIELD HILLS, MI 48304-2970 Telephone: (248) 433-7200 FACSIMILE: (248) 433-7274 http://www.dickiasonweight.com

CONFIRMATION M

то:	COMPANY:
Central Fax Delivery	U.S. PATENT & TRADEMARK OFFICE
FAX NUMBER:	PHONE NUMBER:
(703) 872-9306	(866) 217-9197

From: Craig A. Phillips Date: March 3, 2005

Total Number of Pages Including Cover Sheet: 6

RECEIVED
CENTRAL FAX CENTER

Message:

MAR 0 3 2005

RE: Application No.: 10/696,791 - Filing Date: October 30, 2003

Applicant(s): Joseph Schlegelmann et al.

Group Art Unit: 3679

Examiner: Gregory J. Binda

Title: Universal Joint And Method Of Servicing A Staked Universal Joint

Attorney Docket: 46107-0087

Reply To Office Action Dated February 3, 2005

Transmitted herewith are the following documents:

- USPTO Transmittal Form (including Certificate of Facsimile Transmission) (1 page);
- 2) Fee Transmittal For FY 2005 (1 page); and
- 3) Amendment and Response To Restriction Requirement (3 pages).

If you have not received the total number of pages, please call the facsimile department at (248) 646-4300. Thank you.

IMPORTANT – This message is intended solely to be used by the individual or entity to which it is addressed. It may contain information which is privileged, confidential and otherwise exempt by law from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to its intended recipient, you are herewith notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately and return this communication to us at the above address via the United States Postal Service. Thank you.

OFFICE CODE

Client Name:

Matter Name:

Client/Matter Number: 46107-87

Attorney Initials: CAP

Attorney Number: [1039]

No. of Pages: 6

Secretary/Ext.: Gail Poland/ 7522

Amount:

Under the Paperwork Reduction Act of 1995, no pe	rsons are required	Patent and Trader	PTC/SB/21 (08-03) proved for use through 07/31/2005, OMB 0651-0031 reprk Office; U.S. DEPARTMENT OF COMMERCE ion unless it displays a valid QMB control number.
TRANSMITTA		Application Number	10/696,791
FORM	\	Filing Date First Named Inventor	October 30, 2003 Joseph Schlegelmann
(to be used for all correspondence after in	tial filing)	Art Unit	3679
	,	Examiner Name	Gregory J. Binda
Total Number of Pages In This Submission		Attorney Docket Number	46107-0087
	ENCLOS	URES (check all that apply)
Fee Transmittal Form Fee Attached Amendment / Reply After Final Afflidavits/dectaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Transmittal Form Drawing(s)		Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Craig A. Phillips or Dickinson Wright PLLC Individual name			
Signature rainy Phillips			
Date March 3, 2005			
		TRANSMISSION/MAIL	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name Gail Poland Signature	O Par	Oate Date	March 3, 2005

This collection of information is required by 37 CFR 1,5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or auggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

~	\sim	
Doc		

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2005, OMB 0551-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005 Application Number 10/69/791 Filing Date October 30, 2003 First Named Inventor Suseph Schlegermann Examiner Name Cregory J. Binds Art Unit 3679 TOTAL AMOUNT OF PAYMENT x > c S0.00 Attorney Docket No. 46107-40387 METHOD OF PAYMENT (check all that apply)	nder the Paperwork Reduction Act of 1995, no		ond to a collection of inc			
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT X ≥ 5 S0.00 Attorney Docket No. 46107-4087 ATTORNEY ATTORNE						n ·
First Named Inventor Joseph Schlegelmans	EEE TOANS	MITTAL				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT x > 5 S0.00 Attorney Docket No. 45107-0087	_					
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT x> 5 S0.00 Attorney Docket No. 46107-0087	for FY 200)5				in .
TOTAL AMOUNT OF PAYMENT (Applicant claims small entity status	See 37 CFR 1 27			ry J. Binda	
METHOD OF PAYMENT (check all that apply) □ Check □ Credit Card □ Money Order ☒ None □ Other (please identify): □ □ Deposit Deposit Account Number: ○04-1061 □ Deposit Account Name: □ Dickinson Wright PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) □ Charge face(s) indicated below □ Charge feet(s) indicated below, except for the filling feet indicated below, except for the filling feet indicated below depondent charge feet indicated below indic		J. 666 67 6711 127				
Check Credit Card Money Order None Other (please identity): Deposit Deposit Account Number: 04-1061 Deposit Account Name: Dickinson Wright PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee EXAMINATION FEES Examile filling fees feet feet feet feet feet feet feet	TOTAL AMOUNT OF PAYMENT	x>5 \$0.00	Attorney Docket No.	46107-	0087	
Deposit Deposit Deposit Deposit Deposit Deposit Account Number: Deposit Deposi	METHOD OF PAYMENT (check al	l that apply)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee design under 37 CFR 1.6 and 1.72 Charge any edditional fee(s) or any underpayment of localization and this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Check Credit Card	Money Order 🛛 Nor	ne Other (ple	ase identify):	:	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any edditional fee(s) or any underpayment of crudit any overpayments see(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES SSARCH FEES FILING FEES FILING FEES FILING FEES FILING FEES FILING FEES FILING FEES SSARIE Entity Application Type Fee (3) Fee (Deposit Deposit Account	t Number:04-1061	Deposit Aco	ount Name	: <u>Dickins</u>	son Wright PLLC
Charge any additional fee(s) or any underpayment of lee(s) under 37 CFR 1.16 and 1.17	For the above-identified deposit accou	int, the Director is hereby aut	thorized to: (check all that	apply)		
Marking: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Charge fee(s) indicate	d below	Charge fee	(s) indicated	below, except	for the filing fee
MARNING: Information on this form: may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION			of Credit any	эчеграуттел	ts	
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES SMAILEntity Small Entity Small	tee(s) under 37 CFR 1 WARNING: Information on this form may information and authorization on PTO-20	i.16 and 1.17 r become public. Credit ca 38.	rd Information should n	ot be includ	led on this for	rm. Provide credit card
FILING FEES SCARCH FEES SCANINATION FEES Small Entity Fee (\$)	FEE CALCULATION					
Small Entity Small Entity Small Entity Fee (\$) Fee (\$)	1. BASIC FILING, SEARCH, AND EX	KAMINATION FEES				
Application Tyne	FILING		-	EXAMIN		
Utility 300 150 500 250 200 100	Application Type Fee (\$)			Fee (\$)		
Plant 200 100 300 150 160 80						<u></u>
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Multiple dependent claims Total Claims Extra Ctaims Fee (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Pai	Design 200	100 · 100	50	130	65	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant 200	100 300	150	160	80	
2. EXCESS CLAIM FEES Fee Description Each daim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Pa	Reissue 300	150 500	250	600	300	
Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$	Provisional 200	100 0	0	0	0	
- 20 or HP =	Fee Description Each daim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Solution Fee (5) Fee (5) Fee (5) 20 25 20 100 360 180					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) Other (e.g. late filling surcharge): SUBMITTED BY Signature Registration No. (Automey/Agent) Registration No. (Automey/Agent) Registration No. (Automey/Agent) Telephone 248-433-7231	- 20 or HP = x \$50.00 = \$0.09 HP = highest number of total claims paid for, if greater than 20. Indep. Claims					
Signature Registration No. 47,858 Telephone 248-433-7231	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole x \$250.00 = \$0.00 4. OTHER FEE(S) Non-English specification. \$130 fee (no small entity discount)					
(Attorney/Agent) 47,036 Telephickle 248-433-7251						
	- Stug O	way right	Attorney/Agent)	7,858		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, Including genering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED CENTRAL FAX CENTER MAR 0 3 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No	o.: 10/696,791	Confirmation No. 8130
Filing Date:	October 30, 2003))
Applicant(s):	Joseph Schlegelmann et al.)
Group Art Unit	3679) AMENDMENT AND RESPONSE) TO RESTRICTION REQUIREMENT
Examiner:	Gregory J. Binda))
Title:	Universal Joint And Method Of Servicing A Staked Universal Joint)))
Attorney Dock	et: 46107-0087))

Commissioner For Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

This is in response to the Office Action dated February 3, 2005, for which the one-month shortened statutory period for response expires on March 3, 2005. Kindly amend the above-identified application as follows and consider the remarks set forth below:

Amendments to the Specification begin on page 2 of this paper.

Remarks being on page 3 of this paper.